



FORT APACHE TIMBER CO.

(Area Code 520) 338-4931 Box 1090
WHITERIVER, ARIZONA 85941



August 24, 2000

S. Bobby Ojha, Inspector
Underground Storage Tanks Program Office
United States Environmental Protection Agency
Region IX
75 Hawthorne Street
San Francisco, CA 94105

RE: UST Inspection, Dated; July 24, 2000

Dear Mr. Ojha:

This is in reference to the UST Inspection conducted on July 24, 2000 at Fort Apache Timber Company (FATCO).

You requested documentation verifying the type of material that the existing tanks are constructed of. Actual installation records could not be located here at FATCO and the company that installed the tanks does not keep records dated that far back. I did, however, find out that Burl Lambson was employed with that company and directly involved with the tank installation in 1989. Mr. Lambson is now employed with Rocky Mountain Petroleum and is currently servicing/maintaining our tank system.

Mr. Lambson provided me with a statement and back-up literature on the type of tanks that were installed here at FATCO. I am also including a report on the results of our most recent (July 27, 2000) Cathodic Protection/Half Cell Measurements tests.

I hope that this is sufficient enough information to bring FATCO's underground storage tanks into compliance with the Environmental Protection Agency's regulations.

Sincerely,

Jose Yadao, Enviro./Safety Director
Fort Apache Timber Co.

Enclosures (7)

Page 14 500

St. Paul, Minn. 1900
The following is a list of the
names of the persons who have
been named in the above
document.

St. Paul, Minn. 1900

Page 15 500

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Page 16 500

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ROCKY MOUNTAIN PETROLEUM

GASOLINE EQUIPMENT, SALES, SERVICE AND CONSTRUCTION

405 BORTOT • GALLUP, NM 87301

1-800-223-7215 or (505) 722-7259 • Fax: (505) 863-9960

Lic# 54501



August 23, 2000

RE: Type of Tanks at your Truck Center

Jose Yadao
F.A.T.C.O.
PO Box 1090
Whiteriver, AZ 85941

Dear Jose,

My best recollection your tanks are Eaton Metal STI-P3 tanks installed in late 1989. H&S Enterprises installed them and their records are not kept that far back and have been destroyed.

Also, by your CP test that was preformed by Rocky Mountain Petroleum, the protection from those anodes is very much in place and working.

I am also sending some literature on STI-P3 tanks. If I can be of any further help, please call.

Sincerely,

A handwritten signature in cursive script, reading "Burl L Lambson".

Burl Lambson
Rocky Mountain Petroleum

Enclosures (5)

BLL/amc



Notification for Underground Storage Tanks

State Agency Name and Address:

STATE USE ONLY

ID NUMBER:

DATE RECEIVED:

DATE ENTERED INTO COMPUTER:

DATA ENTRY CLERK INITIALS:

OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS:

TYPE OF NOTIFICATION

☐ A. NEW FACILITY

☒ B. AMENDED

☐ C. CLOSURE

Number of tanks
at facility

Number of continuation sheets attached

INSTRUCTIONS AND GENERAL INFORMATION

Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.

The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

Who Must Notify? Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).

What USTs Are Included? An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").

What Tanks Are Excluded From Notification?

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premises where stored;
- Septic tanks;
- Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or waste water collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
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Where To Notify? Send completed forms to:

When To Notify? 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.

I. OWNERSHIP OF UST(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

White Mountain Apache Tribe

Street Address

210 E. Walnut St.
Whiteriver, Arizona 85941
Navajo

County

City

Whiteriver

State

Az.

Zip Code

85941

Phone Number (Include Area Code)

(520) 338-4346 Ext.315

II. LOCATION OF UST(S)

If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 38' 12" N, Longitude 85° 24' 17" W

Latitude Longitude

Facility Name or Company Site Identifier, as applicable

Fort Apache Timber Company (FATCO)

Q If address is the same as in Section I, check the box and proceed to section II. If address is different, enter address below:

Street Address

#1 FATCO Rd.

County

Navajo

City

Whiteriver

State

Az.

Zip Code

85941



Notification for Underground Storage Tanks

III. TYPE OF OWNER

- ☐ Federal Government
☐ State Government ☐ Commercial
☐ Local Government ☐ Private

USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.

USTs are owned by a Native American nation or tribe.

IV. INDIAN COUNTRY

Tribe or Nation where USTs are located:

☒ White Mountain Apache Tribe

V. TYPE OF FACILITY

- | | | |
|--|---|--|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad | <input checked="" type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Federal - Non-Military | <input checked="" type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal - Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Aircraft Owner | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other (Explain) _____ |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name: JOSE YADSO	Job Title: F.A.T.C.O. EPA	Address: Box 1390 Whiteriver	Phone Number (Include Area Code): 1-520-338-493
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VII. FINANCIAL RESPONSIBILITY

☐ I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:

Check All that Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Guarantee | <input type="checkbox"/> State Funds |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method (describe here) _____ |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test | |

VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

Signature

Date Signed

Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 260, Appendix I. Previous editions of this notification form may be used while supplies last.



Notification for Underground Storage Tanks

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. _____	Tank No. _____
1. Status of Tank(check only one)					
Currently In Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation(month/year)					
3. Estimated Total Capacity(gallons)	<u>10K</u>	<u>12K</u>	<u>12K</u>		
4. Material of Construction(check all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel Clad with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, please specify here	_____	_____	_____	_____	_____
Check box if tank has ever been repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping Material (check all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	_____	_____	_____	_____	_____
6. Piping Type					
"Safe" Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Check all that apply) "U.S." Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if piping has ever been repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notification for Underground Storage Tanks

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. _____	Tank No. _____				
7. Substance Currently Stored (or last stored in the case of closed tanks) (Check all that apply)									
Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Diesel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
If Other, please specify here	_____	_____	_____	_____	_____				
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CERCLA name and/or	_____	_____	_____	_____	_____				
CAS number	_____	_____	_____	_____	_____				
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Please specify here	_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____	_____				
8. Release Detection (check all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK
Manual tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Tank tightness testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Inventory Control	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detectors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed by implementing agency (such as SIR)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Please specify other method here	_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____
_____	_____		_____		_____		_____		_____
9. Spill and Overfill Protection									
Overfill device installed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Spill device installed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-0047

Notification for Underground Storage Tanks

Tank Identification Number

Tank No. 1

Tank No. 2

Tank No. 3

Tank No. _____

Tank No. _____

X. CLOSURE OR CHANGE IN SERVICE

1. Closure or Change in Service

Estimated date the UST was last used for storing regulated substances (month/day/year)

IN USE

IN USE

IN USE

Check box if this is a change in service

☐☐☐☐☐

2. Tank Closure

Estimated date tank closed (month/day/year)

(check all that apply below)

Tank was removed from ground

☐☐☐☐☐

Tank was closed in ground

☐☐☐☐☐

Tank filled with inert material

☐☐☐☐☐

Describe the inert fill material here

3. Site Assessment

Check box if the site assessment was completed

☐☐☐☐☐

Check box if evidence of a leak was detected

☐☐☐☐☐

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)

Installer Of Tank And Piping Must Check All That Apply:

Installer certified by tank and piping manufacturers

☒☒☒☐☐

Installer certified or licensed by the implementing agency

☒☒☒☐☐

Installation inspected by a registered engineer

☒☒☒☐☐

Installation inspected and approved by implementing agency

☒☒☒☐☐

Manufacturer's installation checklists have been completed

☒☒☒☐☐

Another method allowed by State agency
if so, please specify here

☐☐☐☐☐

BLL

BLL

BLL

Signature of UST Installer Certifying Proper Installation of UST System

Burl L Lambson
Name

Burl L Lambson
Signature

6-6-99
Date

OWNER

Position

Rocky Mountain Petroleum

Company



Notification for Underground Storage Tanks

State Agency Name and Address: NOT APPLICABLE

STATE USE ONLY

ID NUMBER: FALCD - 00375

DATE RECEIVED:

DATE ENTERED INTO COMPUTER: 10/11/93 WMAP 033

TYPE OF NOTIFICATION

☐ A. NEW FACILITY ☐ B. AMENDED ☒ C. CLOSURE

Number of tanks
at facility

Number of continuation sheets attached

DATA ENTRY CLERK INITIALS:

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- Storm water or waste water collection systems;
- Flow-through process tanks;
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Where To Notify? Send completed forms to:

U.S. Environmental Protection Agency
Region 9 (WST-8)
75 Hawthorne Street
San Francisco, CA 94105-3901

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I. OWNERSHIP OF UST(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) #324

Fort Apache Timber Company

Street Address

1326 Fates Logging

County NAVAJO

City White River

State

AZ

Zip Code

85941

Phone Number (Include Area Code)

520-338-4931

II. LOCATION OF UST(S)

If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 36' 12" N, Longitude 85° 24' 17" W

Latitude _____ Longitude _____

Facility Name or Company Site Identifier, as applicable

Fort Apache Timber Company

☒ If address is the same as in Section I, check the box and proceed to section III.

If address is different, enter address below:

Street Address

County NAVAJO

City White River

State

AZ

Zip Code

85941



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-006

Notification for Underground Storage Tanks

III. TYPE OF OWNER

- ☐ Federal Government
☐ State Government ☒ Commercial
☐ Local Government ☐ Private

USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.

USTs are owned by a Native American nation or tribe.

IV. INDIAN COUNTRY

Tribe or Nation where USTs are located:

Apache

V. TYPE OF FACILITY

- | | | |
|--|---|--|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Federal - Non-Military | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal - Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Aircraft Owner | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other (Explain) _____ |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name:	Job Title:	Address:	Phone Number (Include Area Code):
JOSE YACO	ENVIRONMENTAL MANAGER	P.O. Box 1090 Whiteriver, AZ 85941	520-338-4931

VII. FINANCIAL RESPONSIBILITY

☐ I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:

Check All that Apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Guarantee | <input type="checkbox"/> State Funds |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <input checked="" type="checkbox"/> Other Method (describe here) |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test | Tribal Funds |

VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

RICHARD WHITTINGTON

Signature

Date Signed

5/13/99

General Manager, Despain Environmental Mgt

Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed to complete and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.



Notification for Underground Storage Tanks

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location.)

Tank Identification Number	Tank No. <u>4</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (check only one) Currently In Use Temporarily Closed Permanently Closed	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Date of Installation (month/year)	<u>UNKNOWN</u>				
3. Estimated Total Capacity (gallons)	<u>10,000 GAL</u>				
4. Material of Construction (check all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Coated and Cathodically Protected Steel Composite (Steel Clad with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Excavation Liner Double Walled Polyethylene Tank Jacket Concrete Unknown If Other, please specify here Check box if tank has ever been repaired	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Piping Material (check all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, please specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Piping Type (Check all that apply) "Safe" Suction (no valve at tank) "U.S." Suction (valve at tank) Pressure Gravity Feed Check box if piping has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Notification for Underground Storage Tanks

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
7. Substance Currently Stored (or last stored in the case of closed tanks) (Check all that apply)	Gasoline <input type="checkbox"/>	Gasoline <input type="checkbox"/>	Gasoline <input type="checkbox"/>	Gasoline <input type="checkbox"/>	Gasoline <input type="checkbox"/>					
	Diesel <input checked="" type="checkbox"/>	Diesel <input type="checkbox"/>	Diesel <input type="checkbox"/>	Diesel <input type="checkbox"/>	Diesel <input type="checkbox"/>					
	Gasohol <input type="checkbox"/>	Gasohol <input type="checkbox"/>	Gasohol <input type="checkbox"/>	Gasohol <input type="checkbox"/>	Gasohol <input type="checkbox"/>					
	Kerosene <input type="checkbox"/>	Kerosene <input type="checkbox"/>	Kerosene <input type="checkbox"/>	Kerosene <input type="checkbox"/>	Kerosene <input type="checkbox"/>					
	Heating Oil <input type="checkbox"/>	Heating Oil <input type="checkbox"/>	Heating Oil <input type="checkbox"/>	Heating Oil <input type="checkbox"/>	Heating Oil <input type="checkbox"/>					
	Used Oil <input type="checkbox"/>	Used Oil <input type="checkbox"/>	Used Oil <input type="checkbox"/>	Used Oil <input type="checkbox"/>	Used Oil <input type="checkbox"/>					
If Other, please specify here	<u>Empty</u>									
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CERCLA name and/or										
CAS number										
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Please specify here										
8. Release Detection (check all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detectors		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed by implementing agency (such as SIR)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Please specify other method here	<u>NONE</u>									
9. Spill and Overfill Protection										
Overfill device installed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill device installed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-0061

Notification for Underground Storage Tanks

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
X. CLOSURE OR CHANGE IN SERVICE					
1. Closure or Change in Service Estimated date the UST was last used for storing regulated substances (month/day/year) Check box if this is a change in service	<u>Sept 98</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank Closure Estimated date tank closed (month/day/year) (check all that apply below) Tank was removed from ground Tank was closed in ground Tank filled with inert material Describe the inert fill material here	<u>7/99</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
3. Site Assessment Check box if the site assessment was completed Check box if evidence of a leak was detected	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)

Installer Of Tank And Piping Must Check All That Apply:					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by the implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected and approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by State agency If so, please specify here	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Signature of UST Installer Certifying Proper Installation of UST System

Name

Position

Signature

Company

Date



Notification for Underground Storage Tanks

State Agency Name and Address: NOT APPLICABLE

STATE USE ONLY

ID NUMBER: WMAF014/033

DATE RECEIVED: 1-28-00

DATE ENTERED INTO COMPUTER: dupl

DATA ENTRY CLERK INITIALS: mds

OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS:

TYPE OF NOTIFICATION

☐ A. NEW FACILITY ☐ B. AMENDED ☒ C. CLOSURE

Number of tanks at facility _____ Number of continuation sheets attached _____

INSTRUCTIONS AND GENERAL INFORMATION

Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.

The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

Who Must Notify? Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).

What USTs Are Included? An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").

What Tanks Are Excluded From Notification?

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premises where stored;
- Septic tanks;
- Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or waste water collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less.

What Substances Are Covered? The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.

Where To Notify? Send completed forms to:

U.S. Environmental Protection Agency
Region 9 (WST-8)
75 Hawthorne Street
San Francisco, CA 94105-3901

When To Notify? 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.

I. OWNERSHIP OF UST(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Fort Apache Timber Company

Street Address

1326 Fatico Logging

County

NAVAJO

City

White River

State

AZ

Zip Code

85941

Phone Number (Include Area Code)

520-338-4931

II. LOCATION OF UST(S)

If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 36' 12" N, Longitude 85° 24' 17" W

Latitude _____ Longitude _____

Facility Name or Company Site Identifier, as applicable

Fort Apache Timber Company

If address is the same as in Section I, check the box and proceed to section III.
If address is different, enter address below:

Street Address

County

NAVAJO

City

White River

State

AZ

Zip Code

85941



Notification for Underground Storage Tanks

III. TYPE OF OWNER

- ☐ Federal Government
☐ State Government ☒ Commercial
☐ Local Government ☐ Private

IV. INDIAN COUNTRY

USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.



Tribe or Nation where USTs are located:

Apache

USTs are owned by a Native American nation or tribe.



V. TYPE OF FACILITY

- | | | |
|--|---|--|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Federal - Non-Military | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal - Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Aircraft Owner | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other (Explain) _____ |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name: JOSE YAOB	Job Title: ENVIRONMENTAL MANAGER	Address: P.O. Box 1090 Whiteriver, AZ 85941	Phone Number (include Area Code): 520-338-4931
--------------------	-------------------------------------	---	---

VII. FINANCIAL RESPONSIBILITY

☐ I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:

Check All that Apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Guarantee | <input type="checkbox"/> State Funds |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <input checked="" type="checkbox"/> Other Method (describe here) |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test | Tribal Funds |

VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)
Richard Whittington

Signature

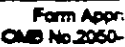
Date Signed

5/13/99

General Manager, Despain Environmental Mgt

Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed to complete and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 4 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.





Notification for Underground Storage Tanks

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
7. Substance Currently Stored (or last stored in the case of closed tanks) (Check all that apply)	Gasoline <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Diesel <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Gasohol <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Kerosene <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Heating Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Used Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If Other, please specify here	<u>Empty</u>									
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CERCLA name and/or										
CAS number										
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Please specify here										
8. Release Detection (check all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detectors		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed by implementing agency (such as SiR)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Please specify other method here	<u>NONE</u>									
9. Spill and Overfill Protection										
Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2050-00

Notification for Underground Storage Tanks

Tank Identification Number _____ Tank No. _____ Tank No. _____ Tank No. _____ Tank No. _____

X. CLOSURE OR CHANGE IN SERVICE

1. Closure or Change in Service

Estimated date the UST was last used for storing regulated substances (month/day/year)

Sept 98

Check box if this is a change in service

☐☐☐☐☐

2. Tank Closure

Estimated date tank closed (month/day/year)

7/99

(check all that apply below)

Tank was removed from ground

☐☐☐☐☐

Tank was closed in ground

☐☐☐☐☐

Tank filled with inert material

☐☐☐☐☐

Describe the inert fill material here

3. Site Assessment

Check box if the site assessment was completed

☐☐☐☐☐

Check box if evidence of a leak was detected

☐☐☐☐☐

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)

Installer Of Tank And Piping Must Check All That Apply:

Installer certified by tank and piping manufacturers

☐☐☐☐☐

Installer certified or licensed by the implementing agency

☐☐☐☐☐

Installation inspected by a registered engineer

☐☐☐☐☐

Installation inspected and approved by implementing agency

☐☐☐☐☐

Manufacturer's installation checklists have been completed

☐☐☐☐☐

Another method allowed by State agency
If so, please specify here

☐☐☐☐☐

Signature of UST Installer Certifying Proper Installation of UST System

Name

Signature

Date

Position

Company



WMAF-014/33

Notification for Underground Storage Tanks

State Agency Name and Address:

STATE USE ONLY

ID NUMBER: WMAF 014/33

DATE RECEIVED:

DATE ENTERED INTO COMPUTER: 4/26/00

DATA ENTRY CLERK INITIALS: mdg

OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS:

TYPE OF NOTIFICATION

☐ A. NEW FACILITY ☒ B. AMENDED ☐ C. CLOSURE

Number of tanks
at facility

Number of continuation sheets attached

INSTRUCTIONS AND GENERAL INFORMATION

Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.

The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

Who Must Notify? Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:

- in the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).

What USTs Are Included? An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").

What Tanks Are Excluded From Notification?

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premises where stored;
- Septic tanks;
- Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or waste water collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less.

What Substances Are Covered? The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.

Where To Notify? Send completed forms to:

When To Notify? 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.

I. OWNERSHIP OF UST(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

White Mountain Apache Tribe

Street Address

210 E. Walnut St.

Whiteriver, Arizona 85941

Navajo

County

City

Whiteriver

State

Az.

Zip Code

85941

Phone Number (Include Area Code)

(520) 338-4346 Ext. 315

II. LOCATION OF UST(s)

If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 36' 12" N, Longitude 65° 24' 17" W

Latitude

Longitude

Facility Name or Company Site Identifier, as applicable

Fort Apache Timber Company (FATCO)

Q If address is the same as in Section I, check the box and proceed to section III. If address is different, enter address below:

Street Address FATCO Rd.

#1 FATCO Rd.

County

Navajo

City

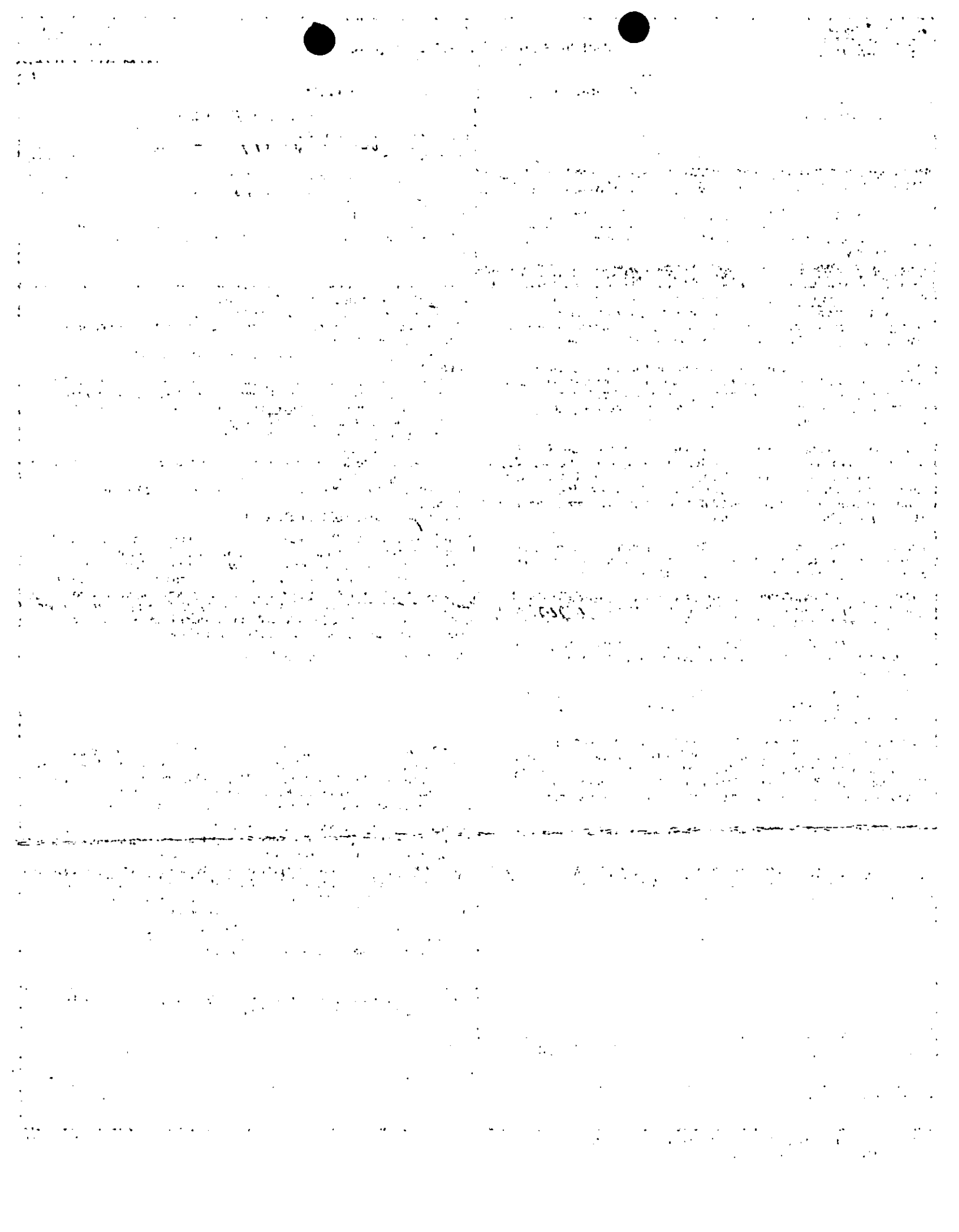
Whiteriver

State

Az.

Zip Code

85941





United States
Environmental Protection Agency
Washington, DC 20460

Form Approved.
OMB No.2050-0068

Notification for Underground Storage Tanks

III. TYPE OF OWNER

- ☐ Federal Government
☐ State Government ☐ Commercial
☐ Local Government ☐ Private

IV. INDIAN COUNTRY

USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.

USTs are owned by a Native American nation or tribe.

Tribe or Nation where USTs are located:

☒ White Mountain Apache Tribe

V. TYPE OF FACILITY

- | | | |
|--|---|--|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad | <input checked="" type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Federal - Non-Military | <input checked="" type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal - Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Aircraft Owner | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other (Explain) _____ |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name: JOSE YADSO	Job Title: F.A.T.C.O. EPA	Address: Box 1390 White River	Phone Number (Include Area Code): 1-520-338-4931
---------------------	------------------------------	-------------------------------------	---

VII. FINANCIAL RESPONSIBILITY

☐ I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:

Check All that Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Guarantee | <input type="checkbox"/> State Funds |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method (describe here) _____ |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test | |

VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

Signature

Date Signed

Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.

Page 1 of 100
1/1/77

1. The first part of the report is a summary of the work done during the year.

2. The second part of the report is a detailed account of the work done during the year.

3. The third part of the report is a summary of the work done during the year.

4. The fourth part of the report is a summary of the work done during the year.

5. The fifth part of the report is a summary of the work done during the year.



Notification for Underground Storage Tanks

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. _____	Tank No. _____
1. Status of Tank (check only one) Currently In Use Temporarily Closed Permanently Closed	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Date of Installation (month/year)					
3. Estimated Total Capacity (gallons)	<u>10K</u>	<u>12K</u>	<u>12K</u>		
4. Material of Construction (check all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Coated and Cathodically Protected Steel Composite (Steel Clad with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Excavation Liner Double Walled Polyethylene Tank Jacket Concrete Unknown If Other, please specify here Check box if tank has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Piping Material (check all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Piping Type (Check all that apply) "Safe" Suction (no valve at tank) "U.S." Suction (valve at tank) Pressure Gravity Feed Check box if piping has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Notification for Underground Storage Tanks

Tank Identification Number		Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. _____	Tank No. _____
7. Substance Currently Stored (or last stored in the case of closed tanks) (Check all that apply)	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If Other, please specify here	_____	_____	_____	_____	_____
Hazardous Substance CERCLA name and/or CAS number		<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
Mixture of Substances Please specify here		<input type="checkbox"/> _____ _____ _____	<input type="checkbox"/> _____ _____ _____	<input type="checkbox"/> _____ _____ _____	<input type="checkbox"/> _____ _____ _____	<input type="checkbox"/> _____ _____ _____
8. Release Detection (check all that apply)	Manual tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank tightness testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inventory Control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automatic line leak detectors		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Line tightness testing		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed by implementing agency (such as SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please specify other method here		_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
9. Spill and Overfill Protection						
Overfill device installed		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill device installed		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No.2050-0068

Notification for Underground Storage Tanks

Tank Identification Number Tank No. 1 Tank No. 2 Tank No. 3 Tank No. Tank No.

X. CLOSURE OR CHANGE IN SERVICE

1. Closure or Change In Service	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No. 5
Estimated date the UST was last used for storing regulated substances (month/day/year)	<u>IN USE</u>	<u>IN USE</u>	<u>IN USE</u>		
Check box if this is a change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tank Closure					
Estimated date tank closed (month/day/year)					
(check all that apply below)					
Tank was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank was closed in ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the inert fill material here					
3. Site Assessment					
Check box if the site assessment was completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box if evidence of a leak was detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)

Installer Of Tank And Piping Must Check All That Apply:

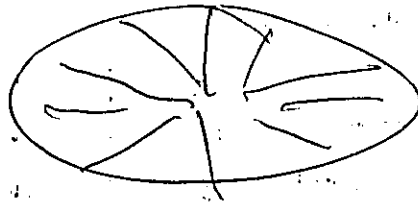
Installer Of Tank And Piping Must Check All That Apply:	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4	Tank No. 5
Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by the implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected and approved by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by State agency If so, please specify here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>BLL</u>	<u>BLL</u>	<u>BLL</u>		

Signature of UST Installer Certifying Proper Installation of UST System

Burl L Lambson
Name
OWNER
Position

Burl L Lambson
Signature
Rocky Mountain Petroleum
Company

6-6-99
Date



Notification for Underground Storage Tanks

STATE USE ONLY

State Agency Name and Address

White Mountain Apache Tribe

ID NUMBER WMA-014

TYPE OF NOTIFICATION

☐ A. NEW FACILITY ☐ B. AMENDED ☐ C. CLOSURE6 No. of tanks at facility 1 No. of continuation sheets attached

DATE RECEIVED

A. Date Entered into Computer _____

B. Data Entry Clerk Initials _____

C. Owner Was Contacted to

Clarify Responses. Comments _____

INSTRUCTIONS

Please type or print in ink all items except "signature" in section V. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

c) if the State agency so requires, any facility that has undergone any changes to facility information or tank system status (only amended tank information needs to be included).

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. Gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;

3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an interstate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Send completed forms to:

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to facility send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42, 36, 12 N Long. 65, 24, 17 W

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

White Mountain Apache Tribe

Street Address

P.O. Box 700

Whiteriver, AZ 85941

City State ZIP Code

County

Phone Number (include Area Code)

Latitude

Longitude

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

Fr. Apache Timber Co.

Street Address (P.O. Box not acceptable)

FATCO Rd. P.O. Box 1090

Whiteriver, Arizona 85941

City

State

Zip code

County

Municipality

III. TYPE OF OWNER

- ☐ Federal Government ☐ Commercial
☐ State Government ☐ Private
☒ Local Government

INDIAN LANDS

Tanks are located on land within an Indian Reservation or on other trust lands. ☒

Tanks are owned by native American nation, tribe, or individual. ☒

Tribe or Nation:

WHITE MOUNTAIN
APACHE TRIBE

V. TYPE OF FACILITY

Select the Appropriate Facility Description

- | | | |
|--|---|--|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Federal - Non-Military | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Air Taxi (Airline) | <input type="checkbox"/> Federal - Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Aircraft Owner | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other (Explain) _____ |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name	Job Title	Address	Phone Number (Include Area Code)
------	-----------	---------	----------------------------------

VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR Subpart H ☐

Check All that Apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Guarantee | <input type="checkbox"/> State Funds |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method Allowed Specify _____ |

VIII. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner
or owner's authorized representative (Print)

Signature

Date Signed

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
1. Status of Tank (mark only one) Currently in Use Temporarily Out of Use <small>(Remember to fill out section XI.)</small> Permanently Out of Use <small>(Remember to fill out section XI.)</small> Amendment of Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Installation (mo./year)					
3. Estimated Total Capacity (gallons)	10,000	12,000	12,000	10,000	6,000
4. Material of Construction (Mark all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Epoxy Coated Steel Composite (Steel with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Double Walled Polyethylene Tank Jacket Concrete Excavation Liner Unknown Other, Please specify Has tank been repaired?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Piping (Material) (Mark all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, Please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
6. Piping (Type) (Mark all that apply) Suction: no valve at tank Suction: valve at tank Pressure Gravity Feed Has piping been repaired?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>					
1. Installation										
A. Installer certified by tank and piping manufacturers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
B. Installer certified or licensed by the implementing agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
C. Installation inspected by a registered engineer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
D. Installation inspected and approved by implementing agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
E. Manufacturer's installation checklists have been completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
F. Another method allowed by State agency. Please specify.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
2. Release Detection (Mark all that apply)										
	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
A. Manual tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
B. Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
D. Automatic tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring double walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring/secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other method allowed by Implementing Agency. Please specify.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Spill and Overfill Protection										
A. Overfill device installed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
B. Spill device installed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer:

Name

Signature

Date

Position

Company

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No. <u>6</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (mark only one) <div> Currently in Use <div><input checked="" type="checkbox"/></div> </div> <div> Temporarily Out of Use <small>(Remember to fill out section XI.)</small> <div><input type="checkbox"/></div> </div> <div> Permanently Out of Use <small>(Remember to fill out section XI.)</small> <div><input type="checkbox"/></div> </div> <div> Amendment of Information <div><input type="checkbox"/></div> </div>	<div><input checked="" type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
2. Date of Installation (mo./year)					
3. Estimated Total Capacity (gallons)	6,000				
4. Material of Construction (Mark all that apply) <div> Asphalt Coated or Bare Steel <div><input type="checkbox"/></div> </div> <div> Cathodically Protected Steel <div><input type="checkbox"/></div> </div> <div> Epoxy Coated Steel <div><input type="checkbox"/></div> </div> <div> Composite (Steel with Fiberglass) <div><input type="checkbox"/></div> </div> <div> Fiberglass Reinforced Plastic <div><input type="checkbox"/></div> </div> <div> Lined Interior <div><input type="checkbox"/></div> </div> <div> Double Walled <div><input type="checkbox"/></div> </div> <div> Polyethylene Tank Jacket <div><input type="checkbox"/></div> </div> <div> Concrete <div><input type="checkbox"/></div> </div> <div> Excavation Liner <div><input type="checkbox"/></div> </div> <div> Unknown <div><input checked="" type="checkbox"/></div> </div> <div> Other, Please specify _____ <div><input type="checkbox"/></div> </div> <div> Has tank been repaired? <div><input type="checkbox"/></div> </div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
5. Piping (Material) (Mark all that apply) <div> Bare Steel <div><input type="checkbox"/></div> </div> <div> Galvanized Steel <div><input type="checkbox"/></div> </div> <div> Fiberglass Reinforced Plastic <div><input type="checkbox"/></div> </div> <div> Copper <div><input type="checkbox"/></div> </div> <div> Cathodically Protected <div><input type="checkbox"/></div> </div> <div> Double Walled <div><input type="checkbox"/></div> </div> <div> Secondary Containment <div><input type="checkbox"/></div> </div> <div> Unknown <div><input checked="" type="checkbox"/></div> </div> <div> Other, Please specify _____ <div><input type="checkbox"/></div> </div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
6. Piping (Type) (Mark all that apply) <div> Suction: no valve at tank <div><input type="checkbox"/></div> </div> <div> Suction: valve at tank <div><input type="checkbox"/></div> </div> <div> Pressure <div><input type="checkbox"/></div> </div> <div> Gravity Feed <div><input type="checkbox"/></div> </div> <div> Has piping been repaired? <div><input type="checkbox"/></div> </div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>

Tank Identification Number	Tank No. 6	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
7. Substance Currently or Last Stored In Greatest Quantity by Volume Gasoline Diesel Gasohol Kerosene Heating Oil Used Oil Other, Please specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hydraulic Oil	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hazardous Substance CERCLA name and/or, CAS number	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Mixture of Substances Please specify	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
X. TANKS OUT OF USE, OR CHANGE IN SERVICE					
1. Closing of Tank					
A. Estimated date last used (mo./day/year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Estimate date tank closed (mo./day/year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Tank was removed from ground	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Tank was closed in ground	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Tank filled with inert material Describe	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F. Change in service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Site Assessment Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evidence of a leak detected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

XL CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPDATED TANKS AT THIS LOCATION)

Tank Identification Number	Tank No. <u>6</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
1. Installation										
A. Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Installer certified or licensed by the implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Installation inspected and approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Another method allowed by State agency. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Release Detection (Mark all that apply)										
	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
A. Manual tank gauging	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Inventory controls	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Automatic tank gauging	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring double walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring/secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other method allowed by Implementing Agency. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spill and Overfill Protection										
A. Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: _____
 Name _____ Signature _____ Date _____
 Position _____ Company _____

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0088
APPROVAL EXPIRES 9-30-91

EPA estimates public reporting burden for this form to average 30 minutes per response, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1215 Jefferson Ave., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, marked "Attention: Desk Officer for EPA."

STATE USE ONLY	
I.D. Number	0 - 000272
Date Received	WMA 014

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means:

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances; and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one in combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

--

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

White Mountain Apache Tribe

Street Address

P.O. Box 700

County

Navajo

City

White River

State

Arizona

ZIP Code

85941

Area Code

(602)

Phone Number

338-4346

Type of Owner (Mark all that apply)

☒ Current

☐ State or Local Gov't

☐ Private or Corporate

☐ Former

☐ Federal Gov't

☐ Ownership uncertain

(GSA facility I.D. no.)

Apache Tribe

II. LOCATION OF TANK(S)

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

Fort Apache Timber Company

Street Address or State Road, as applicable

County

Navajo

City (nearest)

White River

State

Arizona

ZIP Code

85941

Indicate number of tanks at this location

3

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

<input checked="" type="checkbox"/>

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here ☐)

Mildred Cosenn

Job Title

General Manager

Area Code

(602) 338-4931

Phone Number

IV. TYPE OF NOTIFICATION

☐ Mark box here only if this is an amended or subsequent notification for this location

V. CERTIFICATION (Read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative

Arthur Ruster of Business

Signature

Tom Weyer

Date Signed

5/10/89

CONTINUE ON REVERSE SIDE

MAY 15 1989

W-7

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1 <u>UL#043340</u>	Tank No. 2 <u>UL#043337</u>	Tank No. 3 <u>UL#043243</u>	Tank No.	Tank No.
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Estimated Age (Years)	<u>NEW-1988</u>	<u>NEW-1988</u>	<u>NEW-1988</u>		
3. Estimated Total Capacity (Gallons)	<u>12,000</u>	<u>12,000</u>	<u>10,000</u>	<u>10,000</u>	<u>6,000</u>
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty b. Petroleum Diesel Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify c. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances d. Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

VII. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW TANKS AT THIS LOCATION)

10. Installation (mark all that apply):

- ☒ The installer has been certified by the tank and piping manufacturers.
- ☐ The installer has been certified or licensed by the implementing agency.
- ☐ The installation has been inspected and certified by a registered professional engineer.
- ☐ The installation has been inspected and approved by the implementing agency.
- ☒ All work listed on the manufacturer's installation checklists has been completed.
- ☐ Another method was used as allowed by the implementing agency. Please specify:

11. Release Detection (mark all that apply):

- ☐ Manual tank gauging.
- ☐ Tank tightness testing with inventory controls.
- ☒ Automatic tank gauging.
- ☐ Vapor monitoring.
- ☐ Ground-water monitoring.
- ☐ Interstitial monitoring within a secondary barrier.
- ☐ Interstitial monitoring within secondary containment.
- ☒ Automatic line leak detectors.
- ☐ Line tightness testing.
- ☐ Another method allowed by the implementing agency. Please specify:

12. Corrosion Protection (if applicable)

- ☒ As specified for coated steel tanks with cathodic protection.
- ☒ As specified for coated steel piping with cathodic protection.
- ☐ Another method allowed by the implementing agency. Please specify:

13. I have financial responsibility in accordance with Subpart I. Please specify:

Method: _____

Insurer: _____

Policy Number: _____

14. OATH: I certify that the information concerning installation provided in Item 10 is true to the best of my belief and knowledge.

Installer: Bruce Don 5-10-89

Name

Date

FARMINGTON SHOP MOB

Position

HYS KENT

Company

EPA estimates public reporting burden for this form to be 30 minutes per response, including time for reviewing instructions, gathering and maintaining the data needed to complete and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, marked "Attention: Desk Officer for EPA."

STATE USE ONLY

Number

0-000272

Date Received

WMA 014

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means:

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances; and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1975, which is an intrastate pipeline facility regulated under State law;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mine, or drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

White Mountain Apache Tribe

Street Address P.O. Box 700

County

Navajo

City White River State Arizona

ZIP Code 85941

Area Code (602) Phone Number 338-4346

Type of Owner (Mark all that apply)

☒ Current

☐ State or Local Gov't

☐ Private or Corporate

☐ Former

☐ Federal Gov't (GSA facility I.D. no.)

☐ Ownership uncertain

Apache Tribe

II. LOCATION OF TANK(S)

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

Fort Apache Timber Company

Street Address or State Road, as applicable

County

Navajo

City (nearest)

White River

State

Arizona

ZIP Code

85941

Indicate number of tanks at this location

3

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

☒

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here ☐)

Mildred Cosenn

Job Title

General Manager

Area Code

(602) 338-4931

Phone Number

IV. TYPE OF NOTIFICATION

Lester Buck

☐ Mark box here only if this is an amended or subsequent notification for this location

V. CERTIFICATION (Read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative

Arthur Hunter of Business Center

Signature

Tom Wagon

Date Signed

5/10/89

CONTINUE ON REVERSE SIDE

MAY 15 1989

W-7

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. 1 <u>UL#043340</u>	Tank No. 2 <u>UL#043337</u>	Tank No. 3 <u>UL#043243</u>	Tank No.	Tank No.
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use <input checked="" type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Out of Use <input type="checkbox"/> Brought into Use after 5/8/86 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Estimated Age (Years)	<u>NEW-1988</u>	<u>NEW-1988</u>	<u>NEW-1988</u>		
3. Estimated Total Capacity (Gallons)	<u>12,000</u>	<u>12,000</u>	<u>10,000</u>	<u>10,000</u>	<u>6,000</u>
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection <input type="checkbox"/> Interior Lining (e.g., epoxy resins) <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection <input checked="" type="checkbox"/> Painted (e.g., asphaltic) <input type="checkbox"/> Fiberglass Reinforced Plastic Coated <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel <input type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Cathodically Protected <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty <input type="checkbox"/> b. Petroleum <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline (including alcohol blends) <input checked="" type="checkbox"/> Used Oil <input type="checkbox"/> Other, Please Specify _____ c. Hazardous Substance <input type="checkbox"/> Please Indicate Name of Principal CERCLA Substance _____ OR Chemical Abstract Service (CAS) No. _____ Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances d. Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) <u>/</u> b. Estimated quantity of substance remaining (gal.) _____ c. Mark box <input type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete) <input type="checkbox"/>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

VII. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW TANKS AT THIS LOCATION)

10. Installation (mark all that apply):

- ☒ The installer has been certified by the tank and piping manufacturers.
☐ The installer has been certified or licensed by the implementing agency.
☐ The installation has been inspected and certified by a registered professional engineer.
☐ The installation has been inspected and approved by the implementing agency.
☒ All work listed on the manufacturer's installation checklists has been completed.
☐ Another method was used as allowed by the implementing agency. Please specify:

11. Release Detection (mark all that apply):

- ☐ Manual tank gauging.
☐ Tank tightness testing with inventory controls.
☒ Automatic tank gauging.
☐ Vapor monitoring.
☐ Ground-water monitoring.
☐ Interstitial monitoring within a secondary barrier.
☐ Interstitial monitoring within secondary containment.
☒ Automatic line leak detectors.
☐ Line tightness testing.
☐ Another method allowed by the implementing agency. Please specify:

12. Corrosion Protection (if applicable)

- ☒ As specified for coated steel tanks with cathodic protection.
☒ As specified for coated steel piping with cathodic protection.
☐ Another method allowed by the implementing agency. Please specify:

13. I have financial responsibility in accordance with Subpart I. Please specify:

Method: _____
Insurer: _____
Policy Number: _____

14. OATH: I certify that the information concerning installation provided in Item 10 is true to the best of my belief and knowledge.

Installer: Brian Jones 5-10-89
Name Date
FARMINGTON SHOP MOB
Position
HYS ENT.
Company

<< WHITE MOUNTAIN APACHE TRIBE - SITE # 14 >>

Name: FORT APACHE TIMBER COMPANY
Contact: MILFRED COSENN
Add 1:
Add 2:
City/St: WHITERIVER AZ
County: NAVAJO
Zip/Tel: 85941 (602) 338-4931

WHITE MOUNTAIN APACHE TRIBE
P.O. BOX 700
WHITERIVER AZ
NAVAJO
85941 (602) 338-4346

	Resp. Party	EPA	A/P	Sub / Qty Released:
	-----	-----	---	/
Notification Form:	05/10/89	05/10/89	Y	
Removal Notificat.:	/ /	/ /		Last Visit: / /
UST Removal:	/ /	/ /		Visit Type(U/L/B):
Confirmed Release:	/ /	/ /		
Site Assessment:	/ /	/ /		Violation(U/L/B):
Remediation WP Rec.:	/ /	/ /		Enforcement: / /
Remediation Init.:	/ /	/ /		
Remediation Comp.:	/ /	/ /		EPA PM:
Site Closure:	/ /	/ /		Status Override:

Calc Status: U Class: 6 Tanks: 3 GroundW Cont.: ? Soil Cont.: ?

WHITE MOUNTAIN APACHE TRIBE - SITE # 14

Classification: 6

Summation: 0

-- S O I L --

Soil contamination (Y/N):
Volume of soil contaminated:
TPH level in situ soil:
TPH level in stockpiled soil:

-- G R O U N D W A T E R --

Groundwater contamination (Y/N):
Free product on groundwater:
Contamination near domestic well:
Contamination near municipal well:
Benzene concentration:

-- H E A L T H --

Health / environmental risk (Y/N):

WHITE MOUNTAIN APACHE TRIBE - SITE # 14 - TANK # 1

Confirmed Release (Y/N): N

Installation Date: 05/10/89

Tank Capacity: 12000

Out of Service Date: / /

Removal Date: / /

Material of Construction: STEEL, SINGLE WALL

Tank Contents: PETROLEUM

Corrosion Protection: CATHODIC PROTECTION

Piping: CATHODIC PROTECTION

Ownership: INDIAN TRUST LANDS

Compliance: ATGS

Overfill Protection (Y/N): N

Upgrade (Y/N):

Financial Responsibility (Y/N):

Comments:

WHITE MOUNTAIN APACHE TRIBE - SITE # 14 - TANK # 2

Confirmed Release (Y/N): N

Installation Date: 05/10/89

Tank Capacity: 12000

Out of Service Date: / /

Removal Date: / /

Material of Construction: STEEL, SINGLE WALL

Tank Contents: PETROLEUM

Corrosion Protection: CATHODIC PROTECTION

Piping: CATHODIC PROTECTION

Ownership: INDIAN TRUST LANDS

Compliance: ATGS

Overfill Protection (Y/N): N

Upgrade (Y/N):

Financial Responsibility (Y/N):

Comments:

WHITE MOUNTAIN APACHE TRIBE - SITE # 14 - TANK # 3

Confirmed Release (Y/N): N

Installation Date: 05/10/89

Tank Capacity: 10000

Out of Service Date: / /

Removal Date: / /

Material of Construction: STEEL, SINGLE WALL

Tank Contents: PETROLEUM

Corrosion Protection: CATHODIC PROTECTION

Piping: CATHODIC PROTECTION

Ownership: INDIAN TRUST LANDS

Compliance: ATGS

Overfill Protection (Y/N): N

Upgrade (Y/N):

Financial Responsibility (Y/N):

Comments: